HMONG HEALTH SHEET

There are limited resources regarding the health status of the Hmong population. The Hmong population lived in the highlands of Southern China, and resided in Laos, northern Vietnam and Thailand. Many fled to Thai refugee camps where they spent over 10 years and were then resettled in a third country. The case for Hmong applying to come to the U.S. was especially compelling because the U.S. had reportedly promised that if Laos were lost to the communists, the U.S. would provide them with any assistance they would need. Initially, resettlement of the Lao and Hmong refugees was substantial, but in recent years the numbers have dwindled. (Southeast Asia Resource Action Center (SEARAC).

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Pre-migration	During flight & refugee camps	Post-migrational & Resettlement
exposure to infectious and parastitic diseases, physical and psychological trauma, tuberculosis, syphilis, scabies	malnutrition, exposure to the elements, exposure to infectious and parasitic diseases, physical and psychological trauma	increasing susceptibility to chronic diseases, problems and stressors of resettlement (racism, unemployment, ESOL, crime, etc.) Cardiovascular disease, Invasive cervical cancer in women, Sudden Unexpected Nocturnal Death Syndrome (SUNDS), Hepatitis B, Substance Abuse

- Upon resettlement in the USA, health practitioners should be aware of the following possible medical issues in the Hmong communities:
    - Hepatitis B carriers
    - Prevalence of cardiovascular ailments
    - Parasites
    - Oral Health Deficiencies
    - Mental Health issues
    - Prevalence of asymptomatic splenomegaly

- Two challenges haunt the Hmong population. a) they were always considered the “mountain people”, and they were considered an ethnic minority in most of the areas where they lived. Hmong people have relatively low social status. They were displaced from society and not belonging to any group. b) They suffer from Post Traumatic Stress Disorder (PTSD) a disorder related to their experiences as refugees.
- Many Hmong fled from violence to Thai refugees’ camps leaving behind loved ones. Nonetheless, and as a group related to agricultural life-style, they could not transfer their skills to the refugees’ camps. Consequently, they suffer considerable injuries when they were placed in the camps.

- While in refugees’camps there was a prevalence of violence and threat of attacks that furthermore decreased the wellness of the Hmong refugees.

Consequently, the many stressful experiences that preceded their arrival in the USA resulted in states of depression and anxiety.

FAMILY STRUCTURE

● The Hmong social structure is centered on large, extended families within 18 organized clans.
● Nuclear families average 6.4 persons – although this is changing for Hmong men and women who are raised in the USA.
● The Hmong lived in agricultural areas, consequently, large families brought economic advantages, as well as social and spiritual support.

● The Hmong marry at a young age, often during the teenage years.

● Hmong men and women often have the same name, and Hmong traditionally take an adult name, added to their first name, after they marry and their first child is born.

COMMUNICATION AND SOCIAL INTERACTION

● Culturally, Hmong are similar to other Asian groups.

● Hmong value interdependence, group-reliance, communal survival and cultural tradition.

● They have a tendency to keep their feelings and opinions to themselves compared to the US culture.

● They believe hard work is the way to success.

● Linguistically, “Hmong” did not have a written language until the French missionaries invented one in the 1950’s”. The Hmong language is completely different from English. It is a tonal language, consisting of eight tones. The final consonant of a word is the tone of that word and it is not pronounced. Words with the same pronunciation but different tones have different meanings. There is no gender system or plural nouns in Hmong.

Reproductive Health

● The Hmong are characterized as more traditionally patriarchal and less educated. Polygamy was practiced and girls married early in their teens and bore children soon afterwards. Fertility was higher among this group and women were usually unwilling to make family planning decisions without the permission of their husbands. The reproductive health needs of adolescents focused primarily on safe pregnancy care. Most women did not practice family planning until they had achieved their desired family size.

- Menarche may be later for Hmong

- Early menopause is common.
- Rates of contraception are low because of the value placed on big families.

- It is believed that blood is retained in the womb if a period is missed.
- Menstrual blood is seen as a pollutant.

MATERNAL AND CHILD HEALTH

Antenatal care

- Poor maternal health and nutrition during pregnancy and delivery and inadequate reproductive health care for women are still problems specially in rural areas.

- According to the World Health Organization, the maternal mortality rate (MMR) at present is between 160 and 130 /100,000.

- There are disparities in MMR specifically in rural and mountainous areas. In 1990, the MMR was estimated to be 220/100,000.

- Unhygienic deliveries, limited access to trained health staff during delivery and very limited essential obstetric care (EOC) are believed to be the main underlying causes of maternal mortality.

- Hmong women may refuse vaginal examinations, especially by male doctors. This may be a reason for late presentation for antenatal care and non-attendance at post partum checks.

Birth

- In Hmong culture, mothers and mothers-in-law help at the birth, which often occurs in the squatting position, with the husband helping to cut the cord and wash the newborn infant. Women prefer natural tearing and healing to episiotomies. A woman requiring a Caesarean section under general anaesthetic may have concerns that when her body is cut, her soul will be lost.

- In districts implementing community-based safe motherhood activities, it was found that only 23 per cent of women had a safe delivery, including adequate antenatal care and post-natal care (MOH/UNICEF, 1999, VTn1999/006: *Prospects for Viet Nam's Rural Children: A Study on Early Childhood Care.*

● Most maternal morbidity is caused by poor maternal nutrition and various reproductive health problems. General malnutrition and specific micronutrient deficiencies are widespread.

● Heavy workloads are undoubtedly a significant factor in maternal malnutrition. Women often continue working until the time of delivery. The mean weight gain during pregnancy varies from 6.6 to 8.5 Kg. in urban areas. (MD LeThiHop, NCKhan, Asian Pacific Journal of Nutrition, 2002.)

● Together with low Body Mass Index (BMI) and iron deficiency anaemia, inadequate weight gain during pregnancy correlates with low birth weight, and low BMI during breastfeeding contributes to poor infant growth. Iron deficiency and anemia is common in infants (especially low-birth-weight infants) and young children, where anemia is often the result of the combination of several facts: Fe deficiency; parasitic infections (hookworms, schistosomiasis or malaria; nutritional deficiencies (folic acid, vitamins B12, A and protein –energy malnutrition). (Proceedings of the Nutrition Society: meeting the challenges of micronutrient deficiencies in emergency-affected population). Z.Weise* and B. de Benoist, *Department of Nutrition for Health and Development, World Health Organization, Switzerland, May 2002).*

● The prevalence of iron deficiency anaemia among prenant women is very high.

● Vitamin A deficiency among pregnant and lactating women can lead to night blindness and xerophthalmia among infants.

● Reproductive tract infections (RTIs), sometimes related to poor hygiene, put women at higher risk of pre-and post-partum infection and can lead to premature deliveries.

● Birth registration has recently emerged as a growing concern in the country. Nonetheless, coverage of birth registrations is difficult to estimate. In rural areas it can be between 70 and 90% and low or non-existent in others; many children are registered late.

● The placenta is required for reincarnation and so it is usually buried at the place
of birth. This should be discussed with women antenatally.

Post-partum

● In the Hmong tradition, the first 30 days after birth are seen as the most dangerous period for a new mother.

● It is customary to keep warm for three days post-partum, and touching

cold water post-partum is prohibited. While previously women lay by fires women today may wear warm clothes and use heating. Hmong women in hospital post-partum will often not eat the hospital diet, as traditionally they should eat
hot rice and chicken soup with special herbs. Eggs, pork and some fish may be allowed after the first 10 days. No fruit, vegetables or cold drinks are allowed during confinement. Physical activity post-partum is also restricted, as this may cause “collapse of the internal organs”.

● The Hmong continue to observe their post-birth confinement practices regardless of their new environment.● Most women mentioned that this is to avoid ill health and misfortune in the future.

Infants

● Hmong babies are on average 200 g lighter than in most South East Asian cultures. A necklace is placed on the newborn baby’s neck to protect the infant from ill health and harmful agents. Praising the newborn may cause harm to the baby from the spirits. The newborn may therefore be greeted by expressions such as “you are ugly” in order to fool the spirits and protect the baby.

● The Mongolian blue spot (sometimes mistaken for neglect) is a bluish pigmentation in the lumbo-sacral region common among Indo-Chinese and other Asian babies up to two years.

Diet and Food

● The Hmong have maintained strong ties to their native food and traditional meal patterns.

● Rice remains the staple food in their diet.

● Fruits, meats and soft drinks remains highly preferred in the U.S.

● While milk is well liked, cheese remains a strongly disliked food item.

● Fruits and vegetables are frequently consumed.

● In moving to the USA, the Hmong people may find it difficult to continue their traditional diet. Children become “Americanized” in their preferences. For these reasons, Among Hmong youth, obesity is a significant and growing problem.